

Case Number:	CM13-0039950		
Date Assigned:	12/20/2013	Date of Injury:	04/06/1995
Decision Date:	09/29/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic & Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 53 year old male who sustained a work related injury on 4/6/1995. Per a report dated 8/8/2014, the claimant has severe pain in the lower back, bilateral shoulders, bilateral legs and feet, and tingling in his legs radiating down to his feet. The claimant continues to suffer from incontinence. Prior treatment includes multiple spinal surgeries, psychotherapy, and acupuncture. His diagnoses are postlaminectomy syndrome. The only records received are a utilization appeal. However the utilization appeal is for psychotherapy, homecare, and transportation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SIXTEEN (16) ACUPUNCTURE SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Claimant is a 53 year old male who sustained a work related injury on 4/6/1995. Per a report dated 8/8/2014, the claimant has severe pain in the lower back, bilateral shoulders, bilateral legs and feet, and tingling in his legs radiating down to his feet. The claimant continues to suffer from incontinence. Prior treatment includes multiple spinal surgeries, psychotherapy, and acupuncture. His diagnoses are postlaminectomy syndrome. The only

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